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**AUG 30 2007****FAX TRANSMISSION****DATE:** August 30, 2007**PTO IDENTIFIER:** Application Number 10/634,304-Conf. #7963  
Patent Number**Inventor:** Paulo PACHECO et al.**MESSAGE TO:** US Patent and Trademark Office/MS RCE**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP  
Kevin J. Canning/NID/cfo**PHONE:** (617) 994-0732**Attorney Dkt. #:** MWS-030RCE**PAGES (Including Cover Sheet):** 25**CONTENTS:** Fee Transmittal (1 page in duplicate)  
Amendment After Final (19 pages)  
Request for Continued Examination Transmittal (1 page)  
One Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
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PTO/SB/97 (08-04)

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Application No. (if known): 10/634,304

Attorney Docket No.: MWS-030RCE

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35,470  
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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2007</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/634,304-Conf. #7963
		Filing Date	August 4, 2003
		First Named Inventor	Paulo PACHECO
		Examiner Name	R. P. Wang
		Art Unit	2191
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 910.00		Attorney Docket No.	MWS-030RCE

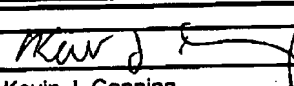
  

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>12-0080</u> Deposit Account Name: <u>Lahive &amp; Cockfield, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

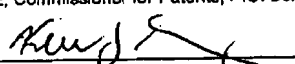
  

<b>FEE CALCULATION</b>																						
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																						
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)															
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)																
Utility	300	150	500	250	200	100																
Design	200	100	100	50	130	65																
Plant	200	100	300	150	160	80																
Reissue	300	150	500	250	600	300																
Provisional	200	100	0	0	0	0																
							<b>Small Entity</b>															
							<b>Fee (\$)</b>															
2. EXCESS CLAIM FEES							<b>Fee (\$)</b>															
Fee Description							<b>Fee (\$)</b>															
Each claim over 20 (including Reissues)							50															
Each independent claim over 3 (including Reissues)							200															
Multiple dependent claims							360															
							180															
<table border="0" style="width: 100%;"> <tr> <td><u>Total Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>44</td> <td>44</td> <td>0</td> <td>0</td> </tr> </table>							<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	44	44	0	0	<table border="0" style="width: 100%;"> <tr> <td><u>Multiple Dependent Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																			
44	44	0	0																			
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HP = highest number of total claims paid for, if greater than 20.																						
<table border="0" style="width: 100%;"> <tr> <td><u>Indep. Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>4</td> <td>4</td> <td>0</td> <td>0</td> </tr> </table>							<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	4	4	0	0								
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4	4	0	0																			
HP = highest number of independent claims paid for, if greater than 3.																						
<b>3. APPLICATION SIZE FEE</b>																						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																						
<u>Total Sheets</u>		<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																	
- 100 =		/50 =	(round up to a whole number) x																			
							<b>Fees Paid (\$)</b>															
<b>4. OTHER FEE(S)</b>																						
Non-English Specification, \$130 fee (no small entity discount)							790.00															
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...							120.00															
1251 Extension for response within first month																						

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	35,470
Name (Print/Type)	Kevin J. Canning	Telephone	(617) 994-0732
		Date	August 30, 2007

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Dated: August 30, 2007	Signature:  (Kevin J. Canning)